

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/857783**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23	1					
24		1				
25		1				
26		1				
27		1				
28		3				
29		0				
30		0				
31		0				
32		0				
33		0				
34	1					
35		1				
36		2				
37		1				
38		1				
39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46						
47						
48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	47	↓		↓		↓
TOTAL CLAIMS	51					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS